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ORIGINAL DEPARTMENT.

Communications.

NOTES OF PRACTICE.

By ELIHU BURRITT,

Of Bridgeport, Connecticut.

PUERPERAL CONVULSION.

Was called, April 4th, to see Mrs. M., æt. 25; primipara; young, healthy. Had been confined the night before, under the care of an Eclectic of the most brainless species. The woman, during the labor, had four convulsions, and five subsequently, which still continued. According to the statement of friends he ran away and left her, as he said, to die. Found the patient, with dilated pupils, entirely unconscious; pulse, 150; in profuse sweat; circulation weakened by podophyllin, etc.; too much to admit the possibility of bleeding; countenance pale; yet the convulsion (last) was of fifteen minutes' duration, and violent. Gave bromid. potass, ʒj., to be repeated every hour if the fits continued; hot spirits terebinth. to be applied freely over the whole body and to the vulva. After four hours, there being no return of the spasms, she took subn. hydrarg., ʒj., in sugar—all the podophyllin she had taken having been rejected by vomiting, and there having been no stool for four days, the emesis yet continuing.

April 5, 8 a. m.—The patient had no return of the convulsions; bowels moved; entirely unconscious; had taken grs. xx. bromid. potass. every four hours; pulse, 100; bromid. potass. to be continued 24 hours at one-half the doses given before; Dover's powders, grs. x.; ext. belladonna, grs. j.; calomel, grs. iij., at bed time if restless.

April 6, 8 a. m.—Patient conscious; pulse,

100; lochia and stools free; child nurses freely, yet there remains obtuseness of intellect, and one pupil dilated twice as large as the other. The belladonna has shown no effect. Patient did well; mind not quite clear, or pupils even size for a week; said she remembered nothing before the fifth day. The bromide was taken for five days, in all ʒiv. Peculiarities of the case: Spasm more on the right side; left pupil contracted; right, dilated for over a week.

LACERATED WOUND OF THE HAND.

John A., æt. 21, English, of full habit, was severely injured by having his hand caught between two piles at the steamboat landing. The whole muscular and tendinous structure of the left hand was stripped off from the styloid process to the phalanges, fracturing the first and second metacarpal bones; and it hung down in a lacerated mass. As the wrist joint was opened and there was so great laceration of the hand, amputation was earnestly recommended; not being consented to I determined to anticipate tetanus, the great danger in the case. The parts were thoroughly washed with warm water and morphine, gr. vj to a pint of water, and replaced as nearly as possible, and retained by two or three light stitches. Solution of muriate ammoniac applied freely over the whole surface; then morphine gr. iij. and Dover's powder ʒij. given in 24 hours.

2d Day. Pulse, 110; skin hot and dry; hand enormously swollen and painful; stitches were cut and a large milk poultice, wet with tinct. opii ʒss., applied; no great effect being seen from the anodyne, opii gr. xx., morphine, gr. iv. in pills vj.; one every four hours were given, and tincture iodine (streaks of inflammation up the arm and symptoms of phlebitis showing

plainly) was painted from the wrist to the shoulder, over the entire arm.

3d Day. Poultice kept on; swelling and pain less; skin moist; pulse 110, strong; bears the opiates well; takes \mathcal{O} j opium and gr. iv morphine in twenty-four hours, closely watched, with tincture belladonna at hand; slight discharge, not purulent, from the wound; patient eats well and is allowed whisky, which alcoholic *poison* (so said) he has sprinkled occasionally on the brain dust of his business.

4th Day. Sleeps most of the time; pulse, 90; skin, moist; bowels moved freely; says he "feels well, only deucedly sleepy; pulse not as strong; quinine, gr. v every six hours, was added to the other treatment and continued afterward.

7th Day. Patient is doing well; opium and quinine have been continued with a generous diet; pulse, 86 and soft; swelling of the arm and hand nearly gone; a large slough at the end of the flap has come off to-day, but the wound is granulating, with free pus from the fifth day. Strips of flour paste, spread on muslin, substituted for the poultice, are found to irritate less in these cases than any form of plasters. Opium, morphine and quinine after 8th day cut down to one-half. I have seen no great effect from the great dose of opium given, except perfect immunity from any tetanic symptoms, and the rapid healing of the wound. Would he have had tetanus from this terrible injury without opium? I think so, but as the Spaniards say, "Quien sabe?" Patient did well and had a good hand in about two months.

HERNIA.

April 2. Was called to see a case of oblique inguinal hernia of the right side. Patient set. 56; strong man, switch-tender; had worn a truss for three years, and generally could put the rupture back himself, he says. It is down now, almost filling the scrotum for twenty hours; it is intensely painful, and he cannot bear the least handling, as his own efforts have made the parts exquisitely sensitive; had used fomentations. The hernia had the hard feeling of a solid tumor, and was more than usually tense. Vomiting constant; pulse, 110 and very small. I gave two grs. morphine in dry sugar; it was retained five minutes; one gr. doses ordered every two hours, if vomited. Saw patient, 3 P. M., four hours after the first dose; had taken four grs. morphine; no sleep but easier, and emesis better. Chloro-

form was given to \mathfrak{z} ss., and although not entirely under its effect, even with that quantity the rupture was easily and rapidly reduced. The relaxation of the anodyne made an easy termination of a case, I think, one of those which, even under chloroform, generally require much force and manipulation, and are difficult of reduction. This patient had taken alcohol, fresh and warm teas, so that the pulse, though quickened, kept its fullness, and there was no symptom of depression, and the anæsthetic was given rapidly and within ten minutes of time.

THE PROTRACTED ADMINISTRATION OF BELLADONNA WITH A VIEW TO FACILITATE THE PROCESS OF NATURAL LABOR.

By J. W. ROBINSON, M. D.,

Of Philadelphia.

My attention was first directed to the above subject by observing the practice of a regular physician, near to whom I was engaged in the duties of my profession for a number of years, who was in the constant habit of administering belladonna as a secret agent three times a day in full doses for several weeks previous to the expected time of labor, with a view to facilitate that process. My object in writing is two-fold:

1st. To give my own views. 2d. By so doing to elicit the views of others on the same subject.

In no work on obstetrics or materia medica have I ever seen the use of the medicine recommended in this way, nor do I know how far its use may extend, whether it may be employed by a great many or may be restricted to the practice of the person above referred to. Be that as it may, the indiscriminate and protracted use of so powerful an agent at a most critical period of health in every woman's life by one physician in a large practice is certainly worthy of investigation. If it be capable of meeting the valuable indication of facilitating the first and most tiresome stage of labor to all concerned, and that with no bad effects, then it should be made known as a great boon to every child-bearing woman and to every physician throughout the land. On the other hand, if it can be shown to be an agent capable of doing much harm and of very questionable utility under any circumstances, it is still more important that this

state of facts should be made public. The local application of the preparation of belladonna for rigidity of the os uteri is of course new to no one, as it is mentioned by all obstetrical writers for many years past. But the inconvenience of its application, together with the uncertainty of its effects, has led most persons, as far as my observation goes, to abandon its use almost entirely. But this mode of application we are not considering.

Belladonna belongs to the class of medicines known as narcotics, with some properties peculiar to itself and differing in this way from the rest of its class. The chief of its peculiar effects is the dilatation of the pupil, by inducing contraction of the muscular fibres of the iris. Also is attributed to it a similar, but by no means so well ascertained an effect, on the os uteri. Now, it is claimed that it has the power of so impressing the muscular structure of the uterus through the nervous system as to induce dilatation of the os. If this be true, is such a state of things brought about gradually for many weeks during the latter months of gestation desirable, or is it not, on the contrary, fraught with danger?

If belladonna possesses the peculiar property of inducing relaxation of the os uteri, during gestation, we would think for that very reason its use by pregnant women should be scrupulously avoided. After impregnation has taken place, nature has made a provision for the entire closure of the mouth of the womb. The glands of *Narbothi* go to work and secrete a thick, glutinous substance, which acts as a "plug" to the mouth of the womb, and it becomes to all intents hermetically sealed against external communication. Now, every physician knows that whenever, either by accident or by intentional interference, this plug becomes displaced at any period of gestation, it is speedily followed by strong uterine action, and we have hemorrhage with abortion or miscarriage, as the case may be, and that often in spite of all remedies to prevent it.

Hence we are forced to conclude that that is just what we may reasonably expect to follow the use of any agent possessing a dilatant influence over the os uteri. In fact, such a result would seem inevitable, and were we to use such agents, in the way above indicated, we would live in constant expectation of violent hemorrhages and premature labors. No sensible man need be told that nature never intended the natural term of gestation to be

abridged under ordinary circumstances, and every physician knows that within certain limits, just in proportion as the labor takes place distant from the full or natural term, just in the same proportion is the danger to both mother and foetus increased.

Now, let us consider what the immediate effects of this medicine are on the organization of the mother and foetus. The following effects may be enumerated as resulting from regular and continued use of any of the narcotics. 1st. A disordered condition of the digestive organs. 2d. A depraved condition of the blood. 3d. An increased or morbid excitability of the nervous system. These effects, observation shows us, are constant after regular and protracted use of any of the narcotics; and could you conceive of any condition of health less to be desired at a time when a woman needs all the highest energies of her organization, both physical and moral, to resist the throes, the dangers and the diseases peculiar to that particular period? But the action of the medicine is by no means restricted to the system of the mother. The foetal circulation is in intimate connection with that of the mother, and its delicate organization is affected by every agent which acts on her system. The intellectual capacity and the physical development of the foetus are alike susceptible to impressions from powerful agents acting through the circulation and nervous system of the parent. In conclusion I would add, that while I am fully sensible of all the bad effects of this agent, I am unwilling to believe that it possesses as much control over the mouth of the womb as has been attributed to it. My experience I think warrants me in saying so. However, I would like to have some statistical and practical facts on this subject, either from the physician who I know has used it so extensively, or from some other intelligent practitioner.

If experience contradicts what I have written, let it be known. Or, if such experience has been disastrous, or even nugatory, it is still more important that it be made public.

—Recently GEORGE M. ELLIS died in Chester county, Penna., in his 92d year. He is reported to have had the consumption nearly all his life, his physician having assured him, before he was 20, that he could not survive the next two years. Ellis was so pale and thin for 40 years previous to his decease that he was known as the walking skeleton; and yet he is believed to have been, with two exceptions, the oldest man in the county. What was the matter with Mr. Ellis?

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Report upon Clinical Operations by DR. WILLARD, M. D.

In the REPORTER of Feb. 25th I published an account of the actual final result of all the operations performed at the clinic by Dr. GARRETTSON, believing that the publication of such report, whether favorable or unfavorable, would be beneficial to the readers of THE REPORTER. To-day I propose to give similar results of Prof. AGNEW's cases, all of which were presented to the class during the different stages of their recovery, but have not been recorded in the general published reports, since it was considered more convenient to defer them for a single issue. There have been but few failures, and the general results have been exceedingly satisfactory and gratifying, far more so, in fact, than will usually be found in a similar number of grave cases.

Amputation of Leg.

(REPORTER, Dec. 3, 1870.)

This amputation was performed at the lower third of the leg, for the relief of an intractable ulcer upon the extremity of an old stump. The previous operation having been a Chopart, necessitated by a railroad injury, as will be seen by reference to the above No. of THE REPORTER, it was found impossible to perform a Pirogoff, and the point above mentioned was selected.

The ordinary flap operation was performed, and dry dressings employed for the first few days, after which laudanum and water became necessary on account of slight inflammation, which, however, quickly subsided, and no accidents interfered with rapid recovery. In a few weeks the flaps had entirely united and the man was walking upon crutches, since which time he has experienced no difficulty, and is now awaiting an artificial limb.

Supernumerary Thumb,

(Same number.)

The recovery was speedy and uncomplicated.

Lithotomy—Five Cases.

(REPORTER, Dec. 17, 1870, and Jan. 21, 1871.)

These five stones were all removed by the "lateral operation," although one of them was urethral, yet this was so impacted as not to be capable of dislodgment. The treatment was such as was described at the time, *perfect cleanliness*, confinement of the bowels for several days, good air, and concentrated liquid food being the essentials insisted upon.

The limbs were not tied together nor was one position required to be maintained, since it is extremely irksome to children. Quietness was, of course, strictly enforced, but that "immobility," which is sometimes regarded as essential, was not deemed necessary. The urine escaping through

the wound was caught upon a folded sheet for the first twenty-four hours, when the swelling of the lips compelled it to make its way to the meatus urinarius, from which it continued to flow, in most of the cases, until from the fourth to the sixth day, when it again passed partially through the artificial opening until that healed and the normal route was pursued. Not one of the cases had an untoward symptom. Each progressed rapidly and with no interruption to a complete cure.

The cases were treated in the College Hospital, and everything was done to insure good, pure air by a strict attendance to the soiled bed clothing, as upon the careful after-treatment is dependent in great measure the success or failure of these operations. With several deteriorating influences, and especially with the presence of erysipelas, which broke out in the ward during the treatment, the result cannot be looked upon other than as exceedingly gratifying.

Eczema.

(Same number.)

This case, which was of a chronic character, recovered after several weeks' attention. The eruption extended from the knee to the ankle, and presented that glazed, fissured and alternately scaly appearance so often seen in old cases. The treatment consisted of iron and cascarrilla, with bran water bathing, followed by juniper tar soap, after which, when dry,

R. Hydr. chlor. mitis,
Ung. Picis Liquidæ

3j.
3j. M.

Was applied.

Enlarged Subpectoral Glands.

(REPORTER, Feb. 4, 1871.)

The glands, as will be remembered, were induced from an injury received upon the pectoral region. Suppuration was prevented by the treatment of iodine, tonics and good food.

The *abscess of breast*, another case reported in the same connection, was afterward evacuated with the knife and soon healed.

Adenoid Tumor of Breast.

(REPORTER, Feb. 4, 1871.)

This tumor had existed for nine years in an unmarried woman, was painful, hard, oval, somewhat lobulated, but had not implicated any of the surrounding structures. It was decided to be non-malignant in its character, and not being of sufficient inconvenience to demand removal, was treated with potas. iodid., gr. v, and ol. morrhue, ʒss, t. id. with gentle pressure locally. Pain was controlled by

R. Veratricæ,
Axung.,

gr. iv.
3j. M.

Uterine derangements were also appropriately treated. Under these measures the pain has subsided and the tumor greatly decreased in size.

Epithelioma of Breast—Two Cases.

(REPORTER, Feb. 4th, 1871.)

One of these cases of epithelial degeneration was treated with chloride of zinc paste, and after a few applications a healthy granulating surface was obtained and the ulcer entirely healed, arsenic and iron being administered to maintain strength.

The second tumor was removed by the knife. The edges of the wound were carefully approximated and a dressing applied of lint saturated in carbolic acid oil, one part to nine, next the skin, a dry lint compress above this, and a broad band over all.

No inflammatory symptoms occurring, this was not opened for several days, at which time union had occurred at all points save at the exit of the ligatures. There has been no tendency to return in either case, although six months have passed away, and it is extremely probable that the constitution had not been contaminated.

Scirrhus—Three Cases.

(REPORTER, Feb. 4th, 1871.)

The subject of scirrhus was fully discussed in the above reported lecture, and operative measures decided upon in two cases, which were removed in the ordinary manner. The same dressings were applied as in the former cases, and all the wounds did remarkably well, union being speedy and there having since been no evidence of an immediate return. Certainly these six months of comfort encourage us to recommend this operation in well selected cases.

The third case, an old lady, who was in the last stages of the disease, was put upon injections of carbolic acid f.3j. to Oj. of water, together with constant dusting of Phoenix powder, (made of fuller's earth and carbolic acid), which mitigated the fetor, while pain was controlled with anodynes locally and by the mouth. She was rendered much more comfortable and is still living.

Malignant Disease Resembling Lardaceous Cancer.

(Same Journal.)

This was one of those peculiar cases of cancer which were described at length by Prof. AGNEW in the *Medical Times* of January 2d, 1871. The case had been of four years' standing, but had not given pain for some months after its inception. For nearly two years it enlarged, the surrounding subcutaneous tissue being oedematous, and the nipple retracted to a slight degree, but the general health was not greatly impaired. After a time it commenced to contract, the neighboring glands became indurated and sensitive, the surface covered with those depressed points which so forcibly remind one of the skin of a lemon, and the color darkened and had assumed that tawny, bacon-like appearance which is peculiar and characteristic to this disease. This contraction and condensation has gone on as Prof.

Agnew prognosed, until now the marble-like denseness is evidenced in a number of places, and the process is steadily creeping up toward the clavicle, outwardly toward the arm and down toward the abdomen. One gland, which is in advance of the other, has nearly disappeared, and emaciation is setting in. The arm is beginning to be oedematous and the chest will, doubtless, soon be incurvated, and respiration thereby impaired.

Iron, arsenic and anodynes were administered, but will be simply palliative, as exhaustion and death will certainly come. The case will be still further watched and reported.

Amputation of Leg.

(REPORTER, Nov. 12, 1871.)

This operation was performed for the removal of cancerous disease of the tarsal bones, occurring in a patient 19 years of age, who, as I have since learned, had lost two aunts and a grand parent with cancer of the breast. Previous to the operation he was informed that the effort was only a palliative one. The wound healed nicely, and in six weeks the boy was out upon crutches, seeming to have a fair prospect of some months additional life. In two weeks after, however, or about two months from the time of amputation, he commenced to complain of pain in numerous parts of his body, and upon close examination I discovered a small lump upon the outside of the head of tibia, and two others also of the size of beans, one upon the eleventh rib and the other upon the seventh, anteriorly. These continued to grow in size, and were soon added to by forming nodules in other parts with such rapidity that all hopes of operative procedure were abandoned and the case decided to be a hopeless one, owing to the evident thorough cancerous saturation of the system. The appetite and strength began rapidly to fail and emaciation soon followed, so that by the middle of January he was unable to leave the bed. The cicatrix did not open, and in fact never ulcerated to the time of his death, there being never more than a slight oozing, just sufficient to keep it covered with a thick scab. As the growth from the head of the tibia progressed, another one appeared almost from the under surface of the end of the stump, and these extending *pari passu* soon met, and the whole leg, from the knee to the extremity of the stump, became enlarged to nearly three times its former bulk, and was of dense, firm, resisting consistency, showing little tendency to softening, in fact, never ulcerating even to the last. The pain and restlessness prevented sleep, and all the narcotics for a time seemed unavailing; hydrate of chloral even in large doses, only rendered him almost insane (a result which is quite common), opium, bromide of potash, *et id omne genus*, were of no use, and for a time it seemed almost impossible to find the narcotic suited to his case, but at

last I happily effected the purpose very nicely by half a grain of morphia and ten drops of *fld. ext. gelsemium*, repeated every hour until rest was obtained. Toward the last it became necessary to give at least three times this amount to produce any effect.

The tumors all continued rapidly to increase, being augmented by a large one upon the pelvis, which compelled him to lie continuously in one position, thus causing much trouble from bed sores, etc. He gave no evidence of any internal disease, but gradually sank and died from pure exhaustion, in the latter part of April, six months after the amputation.

Autopsy.—Body extremely emaciated. Diseased leg three or four times normal size from knee to extremity. Upon dissection the two masses were found, one springing from the ends of the bones of the size of a small ball, while the one above from about the tubercle of the tibia, was as large as an orange. They were hard, dense, lobulated, presenting a surface white and roughened somewhat like the face of a cauliflower, and upon section were found of fully the density of cartilage, with some admixture of ossific matter. A mass of similar density was found occupying nearly the whole extent of the right eleventh rib (the same side as the affected limb), being nearly of the size of one's fist; another upon the left seventh rib, at its junction with the costal cartilage; another upon the first; another upon the fifth of the same side, while still another lay upon the temple. The whole posterior portion of the pelvis upon the right side, from the sacrum to the tuber of the ischium, was greatly thickened misshapen and distorted from an immense growth, while the superior strait was much lessened in its diameter. In Scarpa's triangle were found two glands of the size of English walnuts, infiltrated and enlarged by cancerous growth, so as to be almost of stone-like density. These were the only portions of the body aside from the bones which were found diseased, the malady seeming truly to be confined to the osseous structures—osteocarcinoma.

All the internal organs were carefully examined, but neither lungs, heart, liver, kidneys, intestines and any other viscus evidenced any disease whatever. Not even was the pleura thickened over the diseased ribs, nor the peritoneum in the pelvic region.

All the valuable specimens were fortunately obtained, save the pelvis.

Upon section all the tumors were found to be of the same nature, and under the microscope were seen to consist of a loose framework, largely composed of carbonate of lime, etc., as shown by their dissolving in acetic acid, etc. In these meshes were numerous nucleated cells undergoing rapid metamorphosis, and in some fine sections made by Dr.

J. G. RICHARDSON, and stained with carmine, these cells were extremely numerous and closely set.

The boy died quietly from pure exhaustion and contamination of the system.

(This case well shows the value of this late report when actual results are desired, since it might have been reported some three or four months since as well, while time shows that relief was but temporary.)

Hemorrhoids.

(REPORTER, Nov. 12th, 1870.)

A case of internal piles. Ligated. Good recovery.

Varicocele.

(REPORTER, March 18th, 1871.)

The dilated veins were ligated by Prof. Agnew's favorite method, *i. e.*, a pin being first thrust beneath, and then a needle, armed with a double thread, made to enter at the point of pin-puncture and passed above the vessel, emerging at the opposite opening. The loop is now caught over the head of the pin, when the free end can be strongly drawn down and tied under its extremity, thus gaining complete control of the circulation. The pin remained in position for ten days, when it was withdrawn and the loop easily removed.

Obliteration has occurred, and there has been no return. Rest was strictly enforced and a suspensory was ordered for a few weeks, only until the parts regained their normal tone.

Toe-Nail Ulcer.

(REPORTER, March 18th, 1871.)

The nail was excised in toto and the matrix cauterized with stick potassa, all excessive action being counteracted by lint saturated in dilute acetic acid or oil. The dressing consisted of warm water, and rest was enforced for two weeks. The part healed nicely and now give but little inconvenience.

Onychia Maligna.

(REPORTER, March 18th, 1871.)

The nail was removed, and the matrix also destroyed by caustic potassa. The effect was immediate, and complete recovery soon followed.

[To be continued.]

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. GROSS.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

Wednesday, April 26.

Hare Form of Hare-Lip.

Thomas Ogden, *et. 4* months; has a fissure of the upper lip, situated to the right of the median line. Such occurrence is rare. Hare-lip may vary in degree from a slight fissure extending half way to the nostril to a fissure extending entirely through the lip, the alveolar process of the superior maxillary and the hard and soft palates. Double hare-lip is

not of unfrequent occurrence. The affection is always congenital and always occupies the upper lip. Dr. Gross narrated a case of a boy brought to him in Kentucky, where the fissure extended into the cheek. The edges were pared and brought together with pins and the twisted suture, and the boy made a good recovery.

Do not operate upon children of too tender an age. As a rule, wait until dentition commences; for before that period the blood is lacking in that plastic material which so thoroughly glues the edges of the wound together.

The steps of the operation consisted in first separating the lip from the gum. An assistant then grasped the upper lip on either side of the fissure, so as to control hemorrhage occurring from the severed coronary arteries, and the margins were pared. Two hare-lip pins were then inserted in such a manner that one-third of the pin was behind and two-thirds in front of the lip, thus making them embrace the coronary artery. At the cutaneous margin of the lip an interrupted suture was employed, so as to bring the parts more accurately in apposition, and thus lessen the chances of deformity. The upper pin will be allowed to remain in 48 hours. The lower pin three days, and the suture a day or two later.

[Two drops of laudanum were given the child to quiet its cries, for fear such action might tear away some portion of the recently approximated raw surfaces.]

Anchylosis of the Hip.

A. Green, *æt.* 14 years, presented himself to be treated for dislocation of the hip; but measurement showed the apparent shortening of the limb to be due to elevation of one side of the pelvis.

This boy fell and struck his hip six months ago. A physician was immediately sent for, who kept the boy in bed four months, treating him for dislocation, and when the boy arose he was in the condition in which he presents himself to-day.

After careful examination Prof. Gross pronounced the injury, received by the boy when he fell, to be upon the great trochanter; and from the latter inflammation was communicated to the periosteum of the neck and head of the femur, and from thence to the acetabulum, where plastic matter was effused and anchylosis resulted.

A physician having a case of this kind brought to him should give chloroform and examine thoroughly, and not be in haste with his diagnosis. The patient should have no hold on his medical adviser on the ground of negligence.

In treating such a case don't neglect passive motion. It is an essential of treatment in all joint affections, both primary and secondary. Motion is the natural stimulus of the joint, as is light to the eye, sound to the ear, and food and drink to the stomach.

The boy was now put under chloroform, and under its influence the parts became less rigid. The limb was then alternately flexed, extended and rotated, and all adhesions broken up.

The importance of exercising great care in these manipulations was dwelt upon, as the parts are liable to become softened by the inflammation, and fracture easily results.

Should the boy be in pain after coming from under the influence of the anesthetic, an opiate was directed to be administered. The mother was instructed to move the limb daily and bring the lad back in a week.

Sebaceous Tumor, with Attachments to the Hyoid Bone and Thyroid Cartilage.

Annie Brensinger, *æt.* 24 years, has had a painless tumor, extending from the median line of the neck, laterally under the body of the inferior maxillary, for twelve years. Prof. Gross, without hesitation, pronounced it a cystic tumor, analagous in character to what the older surgeons would call a wen.

After chloroform had been administered and the sack of the tumor pretty well dissected out, it was found impossible to thoroughly enucleate it, as besides having attachments to the hyoid bone and thyroid cartilage, it sent up prolongations deep under the jaw.

Prof. Gross narrated a similar case that came to him while he was located in Louisville, Ky. Dr. PHYSICK, then in the height of his renown, had endeavored to persuade the patient from having it removed. Prof. Gross removed it, and said he believed it gave him as much reputation as any operation he ever afterward performed. Erysipelas is the only thing to be dreaded in this present case. After the parts had been brought together by interrupted sutures, collodion strips were applied, as adhesive plaster does not make a satisfactory dressing on the neck.

Nasal Polypi.

James McIntyre, *æt.* 52 years; complains of an obstruction in both nostrils, which has existed for six years. Obstruction of the nostrils may arise from the presence of a foreign body, thickening of the mucous membrane, deviation of the septum or the presence of polypi.

There are three distinct varieties of polypi of the nose: First. The oyster-like or gelatinoid, a cellulofibroid or mucous substance, possessing hygro-metrical properties, *i. e.*, shrinking in dry weather and expanding in moist. Hence the patient breathes better in fair weather. These tumors spring from the upper turbinated bones—not from the lower turbinated, or septum of the nose. This variety of polypi is gregarious or multiple, and likely to return. They never become malignant, but frequently acquires so large a bulk as to project from the anterior nares or back into the fauces.

Secondly, we have the fibroid polypi, composed of fibroid tissue and connected either with the floor of the nostril or the base of the skull, constituting, in the latter case, the naso-pharyngeal polyp. It is most common in growing subjects, bleeds excessively when touched, and has a tendency to run into malignancy.

Thirdly, we have the vascular polyp, an uncommon variety.

This man sleeps with his mouth wide open and his head thrown back; his voice is muffled; he takes cold easily and there is discharge from his nose. Looking into his nose, shining substances, like oysters are seen in both nostrils. By means of along, slender pair of polypus forceps, Prof. Gross removed a number of small mucous polypi.

This man also has a bursa mucosa, situated on the right patella. In their natural state, or dissection, these bursæ are difficult of detection. The one in front of the patella is most liable to enlargement, particularly in housemaids and religious people. The number of the latter class, however, is small. This tumor contains the natural fluid in excess. In their earlier stages, tincture of iodine frequently affords a cure. In their more advanced stages, setons may often be advantageously employed. Excision should not be performed. If the bursa is very large, lay it open and make use of emollient poultices, but this procedure is seldom necessary. In the present case the part will be well painted with the tincture of iodine twice daily.

Nerosis of the Lower Third of the Femur.

H. P. G., æt. 19 years, of Columbia county, Pa., comes to the clinic on account of an affection of the lower extremity of the thigh bone which has existed for five years. Two inches above the knee is a little papule, evidently representing an opening leading to the bone. A probe on being passed goes down behind the bone into the popliteal space. In this case there is evidently disease of periostium or bone, or both. When the affection is located in the popliteal space, operative interference is always ticklish. The opening in this case is in front of the popliteal artery, and lies on the inner side of the limb. The only thing to do is to enlarge the opening and scrape or remove diseased bone. In all other respects this young man looks perfectly healthy.

Whenever there is a papular or teat-like process on the skin, through which passes a discharge, it is almost certain to communicate with diseased bone. In these cases the cut vessels are unable to contract or retract, owing to their being surrounded and held fast by the effused lymph which always abounds in the surrounding tissues. But we are generally able to control bleeding without much difficulty by means of Monsel's solution, which is not only the most reliable styptic we possess, but is at the same time an excellent antiseptic.

In conjunction with this case, Prof. Gross stated one that he was called to see in the northern portion of this city a few days ago. A gentleman had been operated upon in New York for disease of the lower end of femur. In cleaning the parts out after the operation a piece of sponge, through forgetfulness, had been allowed to remain and was sewed up in the wound. It had remained there for four months and had become the seat of a discharge as foul as it was plentiful. Its removal stopped the discharge, and was followed by almost immediate benefit to the patient.

The patient was now put under the influence of chloroform and a curvilinear incision, with its convexity backward, made through the skin. Guided by the grooved director, the operator cautiously made his way down to the bone and then lightly scraped it with the chisel. The forceps were now introduced and a small shell of necrosed bone removed. On reintroducing the forceps, after some difficulty, another piece of bone between 2 and three inches in length, and about an inch in width, with ragged edges, was removed. It was evidently from the outer compact structure of the bone, as was a third small portion afterward removed.

No surgeon ever undertakes an operation of this character, in this situation, without some inward feelings of uneasiness; for the popliteal artery lies almost in contact with the opening, and might, even with the exercise of the greatest care, be wounded.

Without the interference of the surgeon this piece of imprisoned bone would never have been removed, even had the boy lived to the age of Methuselah.

This wound will be kept open by inserting a plug of lint, wet with Monsel's solution, for two days. After that the wound will be syringed out twice a day, an emollient poultice being, in the meantime, applied.

Surgical Clinic of Prof. Gross.

May 3, 1871.

Cutaneous Tumor.

Samuel S., æt. 39, has a little pendulous tumor located in the lumbar region about an inch from the spine. It hangs by a narrow pedicle about two lines in length when the parts are put upon the stretch. This excrescence is a species of hypertrophy of the skin; and if we make an examination of the tumor we will find it to consist of skin along with a little fibro-cellular tissue.

A tumor of this kind, as is the case here, is liable to inflammation, and may take on epithelial action and thus degenerate into malignancy. The tumor was now firmly ligated at its base and the pendulous mass snipped off.

Cystitis.

John P., æt. 40, has trouble with his urinary

May 27, 1871.]

organs. It hurts while he makes water, before he makes water, and after he makes water. Twenty years ago he had gonorrhoea, and the attack lasted for six weeks. He passes his water every one and a half hours during the day, and two or three times during the night; and says the stream is not only diminished, but subject to frequent and abrupt stoppages. The passage of an instrument, although productive of intense pain, failed to reveal either the presence of a stone or stricture. There is evident cystitis here, along with a fasciculated bladder.

This patient is very susceptible to cold; restless and feverish at night, and suffers both from a bad taste in his mouth and wind in his stomach.

He was directed to take 30 grs. of the bicarbonate of soda after meals, in a quarter of a tumblerful of water—the soda acting as a powerful antacid, and at the same time obtruding the sensitiveness of the bladder. He was also directed to use a suppository of cocoa butter, containing a quarter of a grain of morphia, at bed time; and also to bring specimens of his night and morning urine for examination.

The urine on examination was found highly acid and containing an excess of vesical epithelium.

Dr. A., of Michigan, has an affection of the spinal column in the lower fourth of its extent. He inclines to the right, and his shoulders are awkwardly arranged, the left being much the higher. There is a circumscribed spot of exquisite tenderness over one of the lumbar vertebrae. There is no symptom, such as swelling or fluctuation, to indicate either a lumbar or proas abscess. There is no posterior curvature of the spine. Dr. A. thinks absorption of the bodies of the vertebrae is going on. Prof. Gross does not incline to this opinion, on account of the absence of posterior curvature; but thinks that inflammation of the periostium and bodies of the vertebrae, along with effusion, are the causes of the trouble.

The doctor has lost flesh; the muscles of his arm are flabby and his countenance has a pale, anxious expression. He lives in a malarious region and occasionally suffers from attacks of intermittent fever. Everything implies disorder of his general health. He was, therefore, ordered to take internally the following prescription and continue its use for several months:

R. Quinine sulphatis,	gr. ij.
Ferri sulphatis,	gr. iss.
Ext. nucis vomice,	gr. ½.
Acid arsenios,	gr. 1-16 M.
Ft. in pil. t. d.	

Chloroform was now administered and the actual cautery applied to the tender surface over the lumbar vertebrae. This kind of treatment in deep-seated inflammation, of a chronic character, the operator strongly advocated.

As the doctor starts for home this evening no application other than dry cotton was applied to

the eschar. When he reaches home an emollient poultice will be applied and the discharge thus kept up for three or four months. Maintaining the recumbent posture during treatment was also enjoined.

Curious Cause of Fracture.

David Dilks, æt. twenty-one months, was brought to the clinic with a partial, hickory-stick or inter-periosteal fracture of the left radius. In walking with his mother a week ago the latter became suddenly frightened at some street occurrence; and having hold of his hand involuntarily gave her little son a jerk—hence the cause of the fracture.

TREATMENT.—Making counter-pressure with his thumbs, Prof. Gross bent the radius straight over his knee. Splints were then applied along the palmar and dorsal aspects of the forearm.

Bronchocele.

Mrs. Tallow, æt. 43 years, has a tumor occupying the central portion of the neck, situated over the cricoid and thyroid cartilages, and extending to within half an inch of the sternum. The tumor ascends when the patient swallows. If this were an aneurism of the carotid, besides having pulsation its position would be more lateral; and if of the innominate artery, it would be lower down—but neither would ascend during deglutition. This tumor is a goitre or bronchocele, consisting essentially in an enlargement of the thyroid gland. A cyst may occupy this gland, as large as a fist or goose egg. A goitre is not peculiar to the human subject, as inferior animals may suffer from it. It is most common in mountainous districts.

We will have this patient apply twice daily to this tumor the following:

R. Ung. hydrag. biniodid,	3iss.
Cerat. simp.,	3vj. M.

Ft. in ung.,

Every morning, before reapplying the ointment, the neck will be well rubbed with warm water and castile soap. This patient will also take, internally, three times daily, eight drops of Lugol's solution, in three tablespoonfuls of sweetened water.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

April 24, 1871.

[REPORTED BY J. W. HADLOCK, M. D.]

By J. P. WALKER, M. D.

Small Pox in Cincinnati during the Years 1868—'69 and '70.

The epidemic of small pox of 1868—69 and '70 will long be remembered as of greater severity and extent, than has ever before visited Cincinnati. Nearly or quite one thousand of our population

have been swept away by the touch of this fearful disease, and as many were disfigured for life, some to an extent more than death itself. Why these periodical visitations of epidemics has not yet been settled. Theory asserts that they follow great convulsions in nature, as earthquakes, volcanoes, tidal waves, etc. True it is that the recent epidemic of small pox so universally diffused throughout the world was preceded by these great upheavings.

Dr. LOGAN, of Sacramento, California, has written a very able paper on the subject, which is well worth reading.

May not the cause be found in accumulated material unprotected either by vaccination or by a previous attack of variola? Years pass; vaccination is neglected. Under these circumstances, small pox is introduced.

A poisonous atmosphere results in the localities, and the air becomes loaded with the germs of variola. Of one principle there can be no doubt: that when proper energy is used during these seasons to "stamp out" its disease in its beginning, there is no extension of the contagion.

In making up this report I find, unfortunately, that there are no official statistics of numerical extent or comparative mortality of the vaccinated and unprotected. This is a source of regret, as the important questions arising from vaccination are before the profession for re-discussion, not only in this country, but in Europe. It is to be hoped, before we have another visitation, some plan will be devised, not only to give the number of deaths, but the number of cases occurring.

The health officer, in his report for the year ending Feb. 28, 1869, gives important information as to the locality of deaths, age of the decedents and nationality; also extracts from reports of city physicians as to the protective power of vaccine. Extracts from these will be used in this report.

The first case of small pox resulting fatally was reported in Jan., 1868, from the Sixteenth Ward. Three deaths were reported this month, all, I believe, from this locality. In February there were eight reported for burial. No means are at hand to make it positive that these were from the Sixteenth Ward, but the report for the next month renders it almost certain that they were. This ward, as you all know, is in the southwest portion of the city, on Mill creek, and is largely exposed by railroad and river travel and favorably situated for the extension of contagion.

It seems remarkable that after three months' sojourn we have the eleven deaths in March, eight in this same Sixteenth Ward, and only one each in wards Eleventh, Fourteenth and Eighteenth, they being contagious by locality or connected socially. This, however, is the universal law of small pox contagion.

It does not approach like the whirl-wind, but more like the cautious enemy carefully entrenching itself for its work of destruction. It always gives ample time to hedge up its advance and to "stamp it out" in its entrenchment, and the proper authorities, failing to accomplish this, make known their incompetency for the trust communicated to them. In April the Sixteenth Ward again yields eight to the list of mortality, and the messenger of death reports fourteen other wards, viz.: Ward first, one; ward fourth, two; ward fifth, one; ward sixth, one; ward seventh, one; ward eighth, three; ward eleventh, two; ward twelfth, two; ward fifteenth, one, and ward eighteenth, one; whole number, twenty-four. One-third being from the ward of commencement. The other wards, it will be observed, are adjoining or connected by lines of travel, and socially.

The disease gradually extended, diminishing somewhat, as is usual during the dry summer months, so that in the following December there were deaths in 19 wards, the twentieth alone exempt, it being farthest from the point of introduction.

In January, 1869, there were deaths in all the wards except the second and twentieth, and in February in all but the fifth.

Whole number of deaths in wards this year,	599
Pest house,	45.

Total,	644.
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The greatest mortality for the year was in the months of December, January and February, an average of 145 per month, or nearly five per day.

It will be noticed in the course of this epidemic that its greatest severity has been in damp, wintry weather, becoming less active during the dry months of the year. This is the usual history of small pox when left to itself.

The following from the Health Officer's report we give in full, as it is of general interest:

"The greatest mortality from any one disease was from small pox; the number of deaths from this disease was 644. Of this number, 511 occurred during November, December, January and February, and the greatest number was in the Twelfth ward, viz.: 17.86 per cent on the whole number of deaths from small pox. By reference to table on page 36 of report, it will be seen that 66 per cent. of deaths from the disease were in the 8th, 9th, 10th, 11th, 12th, 18th and 19th wards."

I would here call the attention of the academy to the fact that in these wards the German element predominates, and we plainly see the result of those pernicious influences instilled into the minds of our German population in opposition to vaccination by some of the German physicians. It has been to leave the fair forms of childhood to disfiguration and death.

The report continues: "Of the decedents, 353 were males and 291 females. Four hundred and three were less than five years of age, and five hundred and three less than twenty. The remainder were of different ages, ranging from twenty to eighty years. One hundred and forty-five were under one year of age." It will be seen by these figures that 403 of the deaths were of childhood under five years, and would all have been certainly protected by successful vaccination, as we have no recorded case of deaths from post-vaccinal disease prior to the age of five.

These may all be placed on the list of victims of neglect. Sixty-two and one-half per cent, therefore, of this fearful mortality has been an unnecessary and cruel "slaughter of the innocents."

It is to be regretted that we have no statement of the number under fifteen, as a death from small-pox after vaccination is almost unknown in statistics prior to this age. We have received several interesting reports from different members of the Academy, of incidents connected with the recent epidemic. I give two as examples: B. MOSENMEYER, M. D., gives the following list treated by him during the years 1868 and 1869.

Whole number of cases, 115, as follows:

Confluent, 23; discreet, 42; varioloid, 50; not vaccinated, 53; vaccinated 62; deaths of vaccinated, 1; deaths of those not vaccinated, 25; total deaths, 26.

Of deaths—youngest two months, and eldest fourteen years. Average age of decedents, two years and fourteen days. Of the convalescents, the youngest was four months—the eldest 62 years. Average age, 13 years. Of those said to have been vaccinated, seven had "variola confluent" and all recovered. Of the sixteen never vaccinated, who had the confluent form, thirteen died, or one in 12; a very decided difference in favor of vaccine influence.

It is well known that Dr. M. served in the thickest of the fight, and it is clearly demonstrated by his large number of confluent cases, and the low average age of his deaths, it being two years and fourteen days—the eldest being only fourteen years. Of his post-vaccinal cases, 62 in number, there is but one death, while in his unprotected, it is one in 2 or 3.

Dr. P. H. BIGNEY reports whole number treated 109; not vaccinated, 76; vaccinated, 33; whole number deaths, 13; of vaccinated, 2; of unvaccinated, 11.

The percentage of the unvaccinated is 14.5 white, of the vaccinated, 6 per cent.

The doctor remarks that of the vaccinated, 25 had varioloid and 8 had variola, all of whom had reached the age of manhood or womanhood and had never been revaccinated.

Two of this number died. In order to make an estimate of the number of cases and comparative mortality for the year 1868-9, I have taken for a basis 200 cases reported by different members of the academy. These reports embrace all parts of the city and give a fair average of the whole. Of the 200 cases, we have unvaccinated, 120, with 33 deaths—one in a fraction over $3\frac{1}{2}$, or about 28 per cent. 170 cases were reported vaccinated and five deaths—one in 34, or a fraction less than 3 per cent. Taking the whole number of deaths for the year, 644, on this basis we have total number of cases, 4,696; vaccinated, 2,670; deaths of post-vaccinal, 78; not vaccinated, 2,026; deaths of unprotected, 566; total number of deaths, 644.

It will be seen therefore that of those not vaccinated, 466 died in 2,026, while only 78 in 2,670 died of those who were reported vaccinated. The whole mortality is one in 72 or 13.8 per cent. This shows a large mortality, but when it is considered that 403 were under five years, and 145 less than one year—that the whole city was breathing an atmosphere of contagion, we may wonder that it was not greater.

Dr. ELISHA HARRIS, of New York, says of small pox in that city in 1864-65, that in upward of 2,000 cases there were more than 600 deaths. Some epidemics have been reported as high as 60 per cent.

The average mortality, as given by our best authorities, is, for the unvaccinated, twenty-five per cent., and the vaccinated five per cent., or, as has been well stated by one, "a man has about six times more chance for his life if he takes the disease after having been vaccinated."

The regular progress of the disease from the beginning is shown by the following table, commencing with January, 1868—two months previous to the commencement of our Board of Health Report:

1868.				1869.			
January....	3	July.....	17	January...146	July.....	10	
February....	8	August....	10	February...147	August... 9		
March.....	13	Sept.....	18	March.....	77		
April.....25		Oct..... 32		April..... 45			
May.....17		Nov..... 76		May..... 29			
June..... 7		Dec.....142		June..... 19			

By comparing these tables with those of Cardiff (town,) and Sheffield, given by SEATEN, page 319, we shall be able to discover the fact that the epidemic has here made good its history of destruction. Always entrenching itself by gradual approaches, it enters upon its work of death, and when once in possession keeps good its grasp; if let alone till there is no more material on which to operate, it gradually retires. By the foregoing table, ending August 31, 1869, there were one hundred and seventy-nine deaths, which, added to the 644, would make a total of deaths from small pox in eighteen months, 823, giving in accordance with the estimate a little over 6,000 in one year and a half. There was a slight increase in the

number of deaths after August, leading us to fear a still further development, but the indications now are that the material is about exhausted, and that we shall not have a repetition of small pox epidemic under 8 or 10 years; and if vaccination could be universal, we might well expect never to receive its attention again.

The necessity of vaccination and revaccination, and the protecting power of vaccinia, has been fully presented in the beginning of the year 1869, and nothing occurring in this epidemic has diminished our confidence.

In reference to the question of the protective power of vaccinia, we would repeat the words of Dr. ALISON, written in 1820-21, and often repeated: "You will remember that the question is not how many vaccinated persons take small pox, but how many vaccinated persons are fully exposed to the contagion of small pox and escape without any disease; and our assertion is, that as far as it is yet known, absolute protection of the human constitution is the rule, and the occurrence of any disease is the exception." (Seaton, page 235.) Has not this been verified in the recent epidemic? I think it safe to suppose that our whole population was exposed to variolous poison, during the past two years. It was generally diffused throughout the city, but so intensified that the air which we breathed was laden with specific poison. No portion of the city was exempt. If we take the population as reported by the health officer, we have 200,000 exposed to the disease. I think if we should state that 200,000 had been protected against 3,000 failings, we should not exceed bounds of prudence. The great number of physicians and nurses, who have no protection other than vaccinia, stand a proud monument to the fame of Jenner.

The question is often asked why small-pox, a disease professedly under our control, should have been permitted to exist in this city apparently unchecked only by exhaustion for more than two years. The Health Officer, in his report, on pages 38 and 39, after giving the means employed to prevent small-pox from spreading in the city, says: "But they were rendered only partially successful owing to the circumstances, viz.: 1st, Many physicians did not comply with the law, that is, they did not report their cases to the Health Officer as the law required. 2d, A number of German physicians of influence and respectability in the city positively discountenanced the practice of vaccination as a preventive of small-pox, and entertain and promulgate the opinion that it is a medium for communicating other diseases to the human system." These may be considered by the Board great obstacles, but I would ask what effort was made to remove them? A few newspaper notices, a few circulars, a few good resolutions, none of which would be likely to fall

into the hands of the masses, notices to the ward physicians to vaccinate gratuitously *all the poor* that call on them without extra remuneration, is about the substance of these efforts to carry into effect the efficient measures proposed. It has been stated that small-pox enjoyed the "freedom of the city for two years."

Is not this true? Has it not been met on the streets, in the hospital wagon, in the gentlemen's hack, in the saloons, in places of amusement? And we have in the Health Officer's report for Oct., 1869, that it has been welcomed to our churches, attended by societies—members of which, unvaccinated, have taken the disease and died.

We would call attention to the following report of the officer, Oct., 1869, after the disease had existed in the city for 19 months:

"CINCINNATI, October 31, 1869.

"To the Honorable Board of Health:

I respectfully submit the following report of the Sanitary Squad for the month ending October 31, 1869:

NUMBER OF NUISANCES REPORTED.

Verbal.....	720
Written.....	145
Total ..	865

NUMBER ABATED.

Verbal.....	720
Written.....	120
Total.....	840

Number unabated...	25
Number of arrests.....	15

"JOHN PUMMIL,

"Superintendent Sanitary Squad."

You will observe that there were nineteen deaths from small-pox during the month past, a number of whom were adults and had never been vaccinated. In three instances the funerals of small-pox cases were attended by societies; of two, the deceased were kept in the house over 48 hours. Three of the members of the societies referred to contracted the disease and died. There are many instances in which the small-pox has been contracted and spread by keeping the bodies an unusual length of time, and then giving them a public burial with the attendance of societies. It is well known to physicians that this is one of the most certain ways of communicating and disseminating small-pox. I would therefore recommend that the bodies of the persons deceased of small pox should not be taken into churches, and that all societies should discontinue the practice of attending funerals.

It is highly important that the public generally, as well as physicians, should understand the necessity of reporting to the Health Office, promptly, all cases of small-pox; and, also, *all cases of vario-*

loid. The object which the Board of Health have in view in asking all persons having knowledge of the existence of small-pox or varioloid in any house or community, is that prompt and proper means may be taken to prevent the disease from spreading, and that such persons as have the disease may be properly taken care of, and not be neglected.

It is earnestly advised that all parents or other persons having charge of children have them properly vaccinated at once. And all children, as well as grown persons, who may have been vaccinated, should consult a physician as to whether they are sufficiently protected by such vaccination; and whenever the least doubt or uncertainty exists, vaccination should be practiced at once. There are very many instances in which persons are required to be vaccinated repeatedly before complete protection is afforded against small-pox. Vaccination is the only preventive against small-pox.

"All persons who desire to be vaccinated and who are not able to pay for such vaccination, can have such services gratuitously performed by calling upon the District Physician of the ward in which they reside, any day between the hours of one and two p. m., or at such hour as may be designated by the physician.

"I am, gentlemen, very respectfully, your obedient servant, W. CLENDENIN, Health Officer."

It was reported in the Cincinnati *Commercial*, in connection with the report and recommendations, that one member of the board was not prepared to act, wishing to post himself, as he was not convinced that small-pox was a contagious disease. A new medical board of health may be good policy; but in this epidemic they have signally failed in rising to the magnitude of the occasion in meeting this emergency. In this connection I would ask attention to an extract of a paper read before the American Social Science Convention in 1869, by Dr. ELISHA HARRIS, Sanitary Superintendent of the Metropolitan District, New York.

This extract and others are here presented as a contrast between the action of our Board of Health and other authorities, and also for the consideration of those who are asking for compulsory laws for vaccination; which, to say the least, are considered by many as of doubtful expediency. Dr. HARRIS says:

"Again, in dealing with contagious diseases, it is found that masses of the people yield cheerful compliance with whatever requirements and advice the sanitary authorities propose. For instance, causes that need not here be mentioned had recently planted small-pox in more than one hundred different places in the city and distributed it all the way from the Battery to Harlem, and Carmansville and such places, and in such a manner as to insure

its rapid and wide-spread ravages. During the preceding two years there had been such idle clamor kept up by a few persons against vaccination, and the opposition to the concern of sanitary officers about this duty in schools and elsewhere, the danger had at last become imminent. Two hundred and twenty-five cases of small pox had been discovered in the city between the first day of January and the last day of May. On the latter day a plan for systematic canvassing, by house to house visitation, throughout the entire city, was put in operation; and by the liberal and unanimous vote of the Board of Health, sixty physicians were added to the twenty already on duty, as sanitary inspectors, and the whole force was concentrated upon the work of house-to-house vaccination.

"These gentlemen could use no coercive measures in the task they undertook, but they were charged to explain the duty of vaccination. This course unbarred all doors, and broke down all opposition. They triumphed in the work and thereby conferred a benefit upon the metropolis which saved many hundred lives and protected its commercial interests against the loss of millions of dollars that would have resulted from the continued and increased ravages of this loathsome contagion. In the six weeks ending June 15th, there had been no less than 61 cases of small-pox discovered and placed under sanitary care in the 16th and 20th Wards alone. The work of vaccination in these wards was completed July 10, and from that date until October 10, only three cases of small-pox were found in the 16th and only four in the 20th Wards. These two wards contain no less than 150,000 people, mostly in tenement houses; and the persons who sickened of the disease during the period last named, proved to be those who have not received the boon from the Board's vaccinating corps offered from house to house.

"As to what would have been the result of neglecting to offer vaccination in this manner, and to instruct the people in their duty concerning it, we may judge from the events of the winter of 1864-65 in our city, when upward of two thousand cases of the disease and more than six hundred deaths occurred. Then there was panic, and so great fear of the contagion that thousands of merchants purchased in other cities who would otherwise have visited New York."

In 1854-5 small pox was spreading fearfully in the 13th ward of this city. A proposition was in allay to the Infirmary Board to "stamp out" the disease. In three weeks they would give the necessary assistance. To this they agreed. The mayor directed his day police to visit all the houses and to see that every child of the poor, not vaccinated, was presented to the city physician for the operation. The policemen of this ward were faithful

men. The result was that in less than four weeks three hundred had been vaccinated or revaccinated and not a case of small-pox remained. This month's work cost the city seventy-five dollars, for they then allowed twenty-five cents for vaccination. The result justified the measure twenty fold. The epidemic was stayed and the results continue to the present. In this large ward, so liable to contagion, only thirteen deaths occurred during the late epidemic, being of 2.17 per cent. of the whole number of deaths from small-pox.

Dr. E. SNOW, Superintendent of Health, Providence, R. I., states in his report for 1868-9, that small pox appeared in that city of fifty thousand inhabitants four different times during the winter and in four different localities all favorable to its extension, yet in no case did the disease extend beyond the infected tenements. He relied on vaccination and isolation. These agents failed him not, neither will they ever fail when vigilantly applied. Standing at a safe distance proclaiming peace, when there is no peace, issuing circulars to those who cannot read, offering relief and publishing resolutions of the Board of Health in the city papers, which never visit the abodes of the masses, will never conquer this enemy of the human race. It must be a hand-to-hand encounter, and no surrender. The masses must be reached by house-to-house visitation and vaccination.

It has been objected that isolation bears heavy on the isolated. Admit that it does for a time; the public good demands it, and what comparison can be made between a partial restraint of liberty for a few weeks, and the loss by death of nearly one thousand of our population, and the incalculable loss to the business interests of a large city like ours

during the past two years? Vaccination and isolation are our reliable agents, and when energetically applied, remove the necessity for epidemics of small-pox. Far cheaper would it have been for this city to have placed in the field efficient vaccinators, to canvass the different wards of the city from house to house, and paid them a fair compensation, then relying on the poor presenting themselves to the city physicians, thereby increasing the labor of these medical men who, on an average, received during the years 1868-9 about three cents a visit. The answer to the question—why this extended and disastrous epidemic?—is a very plain one. Vaccination has been neglected by those having children in charge. It has been performed, by those who did not know the difference between a common ulcer and a well developed vaccine pustule. Physicians have been undoubtedly remiss in each case that the well defined areola appears.

There is also too great neglect of revaccination. The utter want of efficiency on the part of our authorities in the use of the well known and only means for putting an end to the contagion is the great reason why small-pox enjoyed the hospitalities of our city for more than two years. I will here state that our health officer has made some excellent recommendations, and the Board of Health has not failed to pass stringent resolutions; but it seems there has been a complete failure in enforcing or carrying into operation the following powers conferred on the board: "May take measures and supply agents and afford inducements and facilities for general and gratuitous vaccination." I have been furnished with many interesting facts in relation to the peculiar effects of vaccination in this city during the epidemic. These I hope to present to the academy during the present year.

EDITORIAL DEPARTMENT.

PERISCOPE.

Spurious Quinine.

In a late number of the *American Journal of Pharmacy*, Mr. CHARLES BULLOCK, of Philadelphia, announced the discovery of an intended fraud in the vending of a spurious preparation. He says that there has lately been offered in the market there what purported to be about five thousand ounces of sulphate of quinine of the manufacture of Pelletier, Delondre et Levaillant, of Paris. The bottles in which it was contained bore the label and the corks and seal of that firm.

An examination of the so-called sulphate of quinine, which was offered at about the market

price of quinine, showed that it contained scarcely a trace of quinine, but consisted entirely of muriate of cinchonine mixed with small quantities of the other associated alkaloids of the bark.

The first impression was that old bottles from which the labels had not been removed had been used to perpetrate the fraud; but a more careful examination and comparison with a known genuine package led to the belief that the whole transaction—bottle, label, seal and circular accompanying each bottle—was a counterfeit.

It is somewhat amusing to read that the original circular issued by the firm, a counterfeit copy of which accompanied each bottle of the spurious quinine, contains a ready method for discovering the

fraud, viz.: "1 gramme of sulphate of quinine, 4 grammes of ether, and 2 grammes of aq. ammoniac should form a clear solution."

Hemlock and its Use in Scrofula.

Dr. ALEX. FLEMING, F. R. C. P., Senior Physician to the Queen's Hospital, Birmingham, says in the *British Medical Journal*:

The uncertainty and comparative inertness of the pharmacopœial preparations of hemlock are generally acknowledged, and hence this valuable drug is less than it would otherwise be, and its remedial powers in certain diseases are imperfectly known.

For nearly twenty years I have from time to time adopted the following mode of administration with good results: The fresh green fruit is mixed with its own weight of white sugar and reduced to a pulp. Five grains or more of this conserve, formed into a pill, are given three times in the day. Thus administered, the drug produces the usual physiological effects—slight dimness of sight, weakness and dragging of the lower limbs, and languor—with much certainty. This preparation retains its activity for three or four weeks only, and has, therefore, to be constantly renewed.

As a sedative in curing whooping-cough, and in abating the cough of consumption, I have found it very useful; but my attention has been especially attracted to its value in scrofula. Its effects are most marked in favoring the absorption and removal of enlarged glands, and in promoting the healing of scrofulous sores. In those cases, I give it in conjunction with the iodide or bromide of iron. The old writers on the materia medica were fully alive to the value of hemlock in scrofula; and more recently, Dr. Baudelocque, of Paris, obtained excellent results from its use in the treatment of children affected with enlarged and suppurating glands.

Hemlock is sometimes recommended as an addition to cataplasms and to the warm bath in the treatment of diseases of the skin; and I have myself often found it useful in allaying pain and itching; but it is well to know that its external use requires caution. In the case of a child under my care suffering from severe eczema, decided physiological effects ensued from its use in mixture with linseed-meal in the form of poultice, and caused some anxiety. It is here that we experience the disadvantage of the uncertainty in strength of the preparation. The powder is often powerless either for good or ill; but should the drug be fresh, its action may, when thus applied, give rise to alarming symptoms. The following case may be cited in illustration of the value of hemlock in scrofula.

CASE I.—I was summoned to see in consultation Agnes S., nine years of age, on account of convul-

sions caused by a gross error of diet. She had been always delicate, and presented the usual indications of the scrofulous habit. There were, besides, enlarged glands in the neck, and an extensive strumous ulcer on the left leg. The convulsions were speedily relieved. It then occurred to me to recommend for the scrofula a trial of the hemlock, especially as at the moment it could be obtained fresh and in good condition. The iodide of iron was given at the same time, and suitable local remedies were applied to the ulcer. The scrofulous symptoms in this child, in spite of treatment, had been steadily growing worse for several months, but soon after beginning the hemlock a decided change was manifested. The glands of the neck became smaller, and the ulcer, assuming a healthy aspect, gradually lessened. At the end of nine weeks the tumescence of the glands had disappeared, the sore had cicatrised, and the child was restored to fair health.

Death Under the Influence of Methylene.

An inquest was recently held in London, at Charing Cross Hospital, on the body of a laborer, set. 41, who died while under the influence of methylene after undergoing an operation. Mr. EDWIN CANTON, surgeon to the hospital, stated he had advised the deceased to have one of his fingers removed on account of a severe injury; to this he consented, and said he should wish to be under the influence of chloroform while the operation was being performed. On Tuesday last the operation took place, the deceased having previously inhaled one and a half drachms of methylene, which was used as a substitute for chloroform. The methylene was administered in the presence of witness by the regular administrator of the hospital, a gentleman of large experience. The quantity administered was not more than half that usually given. The deceased having become insensible, Mr. Canton removed the finger, the operation not lasting more than one minute. It was then found that the deceased's head had fallen upon one side, his eyes were upturned, and breathing and pulsation had ceased. Every means was at once adopted to restore animation, but without effect. He had since made a *post-mortem* examination, and found the brain and every other organ perfectly healthy. There was nothing whatever to account for death; there was no trace of any action of the methylene on either the heart or brain. The only way in which he could account for the death was, that the man being in a state of great nervous excitement at having to undergo the operation, the methylene had acted upon the nervous system, producing instant death. He had known death to result under an operation from the nervous excitement of the patient without

chloroform having been inhaled. There was no doubt that the death of the deceased had been produced by the methylene he had inhaled. The cases of death while under the influence of methylene were extremely rare. In all probability the deceased would have survived the operation had it been performed without his inhaling the methylene, which was administered at his own request. He never allowed methylene to be administered to a patient about to undergo an operation, unless with the patient's full consent after due deliberation. The jury returned the following verdict: "That the deceased died from the effects of methylene properly administered during an operation."

Gonorrhoea and Peritonitis.

Mr. GEORGE FREDERICK GILES says, in the *British Medical Journal*:

In a conversation a few years ago with the late Dr. BUNTON, during an attendance on a case of tubercular peritonitis, he said that he divided peritonitis into three classes: 1. Tubercular; 2. Traumatic; 3. The Peritonitis of prostitution (he omitted to classify the puerperal form, as being out of the range of his observation). Of the cause of the last form he was unable to arrive at any satisfactory conclusion. The frequency of the disease in prostitutes induced him to think that there must be a special cause, but no satisfactory explanation had presented itself to him. I ventured to suggest gonorrhoea. This he considered sufficiently satisfactory, and said that he should for the future accept it as a cause. Not very long after this he died, and I never had any opportunity of knowing to what extent he carried out the suggestion; but since then I have frequently mentioned the same view to hospital physicians, and they have universally considered it sufficiently important to advise me to place it before the profession for extended observation.

The Fallopian tubes opening into the cavity of the peritoneum at their fimbriated extremities, gonorrhoeal matter may readily come into direct contact with the membrane. After childbirth or miscarriage this occurs with greater freedom; and in prostitutes, neglected gonorrhoea, though with less facility, may in the same manner lead to peritonitis. I was first led to this conclusion whilst attending a married lady in her confinement, whose husband had contracted gonorrhoea. He left home at the commencement of the attack, and only returned when he believed himself quite well. He shortly afterward applied to me, saying that the disease had returned, and he very much feared that he had infected his wife. I soon felt convinced she had taken the disease, though in so mild a form that she quite believed the discharge arose from her

condition, and was a natural result. She was confined, and in a few days peritonitis set in, which, without the previous history of gonorrhoea, would have been supposed to be the ordinary puerperal form.

The next case was that of a married lady who was aware that her husband had given her gonorrhoea. He himself was then suffering from it in a bad form. She miscarried at about the seventh or eighth week of gestation, and shortly afterward had a severe attack of peritonitis. Several cases followed where the cause was strongly suspected; and on questioning the husbands, some admitted they had suffered from gonorrhoea.

In my experience, the disease differs from puerperal peritonitis in being less severe and of shorter duration, and in manifesting improvement by removal of as much of the cause as is practicable by frequent injections of warm water, and by treating the inflammation by ordinary means. No case has ever proved fatal in my practice. In one case, which struck me as being particularly characteristic, the disease was unhesitatingly acknowledged: the mother had severe peritonitis, and the child the worst form of gonorrhoeal ophthalmia.

I am anxious to place these views before the profession.

Medical men are frequently consulted about discharges in parturient women, and they may be induced to extend their inquiries sufficiently far to establish the existence of the disease when it may be present, and, if sufficient time remain before the confinement, to cure it. A most troublesome, and perhaps under some circumstances a dangerous, sequence may be avoided by so doing.

I have searched all the books at my command to find any expressions or opinions on the subject. Many speak of the diseases of the ovaries and uterus as causing peritonitis; but in Hodgkin's *Lectures on the Morbid Anatomy of the Serous and Mucous Membranes*, this passage occurs in the sixth lecture on peritonitis. "The peritoneal adhesions in the neighborhood of the appendages of the uterus appear in most cases like those occurring in the neighborhood of the spleen, to be not accompanied by any marked or serious symptoms. From the character of the individuals in whom they are most frequently found, it is rendered extremely probable that they are induced by the inordinate exercise of the parts which they implicate." And again: "The third and perhaps the most important circumstance is, that inflammation may be communicated to this part from the uterus itself." It is obvious the author, in speaking of the "character of the individuals," alludes to prostitutes; and it is also probable that gonorrhoea was a cause of the peritoneal inflammation, especially during the menstrual period, and it is equally clear that both Drs. Hodgkin and

Brinton, and no doubt many other physicians, knew prostitutes to be frequently attacked with peritonitis.

The Epidemic of Scorbutus in Paris.

M. LÉGNOUX, in his account of the epidemic scorbutus recently prevailing in Paris, thus notices the remarkable exemption of women from its attacks: "This disease has attacked far more men than women, and that in an enormous proportion. Among 200 scorbutic patients, we have not met with more than three or four women. And yet, women might be expected to easily become the subject of this cachexia. How many of them, amongst the working classes, have been living in a problematical manner! Often without work or resources, and anæmic, as women usually are in large cities, many of them have but little fuel, and many of them have been fed only on rice-bread (and what bread!) and a little wine, obstinately refusing horse flesh. I do not profess to be able to explain this slight aptitude of females for scorbutus, nor do I insist upon it much, knowing that the females of Salpêtrière were the only subjects of an epidemic of scorbutus in 1847."—*Gazette Hebdomad*, March 10.

Carbolic Acid in Dysmenorrhœa.

At the Dundee Medical Society Dr. DUNCAN gave the particulars of the following case, which he had treated lately:

Patient was a widow, æt. 30, who had suffered since the birth of her only child, three years previously. The labor had been a speedy one. Her periods recurred every three weeks, with two or three days of such severe pain that she had to keep her bed. During the intervals there was a profuse leucorrhœal discharge. She was put on tonics, and carbolic acid, full strength, was applied at intervals of seven days to the os uteri on a stilette, round which a piece of lint had been wrapped. After three applications a period was passed, during which she continued at her work (the mill), the pain having been very trifling. At the following period, the applications being continued, she experienced no pain whatever. The leucorrhœa had also entirely disappeared. She still suffered, however, from a feeling of bearing down in the pelvis, which probably was due to an adhesion of the uterus, which existed at the left side of the posterior lip of the os.

New Suspension Apparatus.

Dr. S. S. HALL, of Sheboygan, Wis., writes: "I have recently employed a suspension apparatus for fracture of the leg that seems to me to be an improvement over anything of the kind heretofore in the hands of the profession. A No. 1 iron wire is

bent in the shape of the lower part of Dr. HODGKIN'S suspension splint (as figured in HAMILTON'S work on military surgery, page 412), extending from above the knee to five or six inches below the foot. The upper extremities of the wire are turned upward at right angles, or rolled into rings for the attachment of adhesive strips. A tin foot-piece is made to slide freely upon the side wires." The manner of application is as follows: Strips of cloth are laid across the wires, as in Hodgkin's splint, upon which the limb is laid. Adhesive straps are then applied above the point of fracture, and fastened to the upper extremity of the splint on each side. The foot is secured to the foot-piece by adhesive straps or bandage; a piece of rubber tubing is passed through a ring in the under surface of the foot-piece, and made fast to the transverse wire at the lower extremity of the splint, making the proper extension. The whole apparatus is then suspended to the ceiling by a rope and pulley.

Three Cases of Tetanus Cured by Hydrate of Chloral.

Dr. DORIGO has published, in the *Gaz. Med. di Padova*, a case of a boy of 13, who suffered from tetanus in consequence of a wound of the sole of the foot. The final recovery took place on the fifty-fourth day, the average daily dose having been ninety grains. When the narcotic effect became weak, the chloral was immediately given again. Dr. Grandisso-Silvestri mentions in the same paper another case of a girl, eight years old, who had tetanic attacks after a lacerated wound of the middle finger of the right hand. She soon recovered after having ingested about half an ounce of chloral in five days. Dr. Bensasson, of Tunis, has also communicated to the *Imparziale*, of Florence, the successful case of a boy, aged 13, who was seized with tetanus in consequence of a nail running into his foot. The treatment lasted thirty-five days, about five ounces of chloral being used altogether.

Reviews and Book Notices.

NOTES ON BOOKS.

James Osgood & Co. have reprinted from the *Atlantic Monthly* the series of instructive papers on the eye, entitled, *Our Eyes, and How to Take Care of Them*, by HENRY H. WILLIAMS, M. D., showing the present state of knowledge on the powers and uses of the eye, and the means of preserving the sight amid the various dangers to which it is exposed.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 27, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

METHODS IN PSYCHOLOGY.

Only lately has the study of psychology been recognized as a branch of medical science, and special sections been formed in medical associations for its study. We recognize with pleasure in this a growing appreciation of the fact that man, in all his relations, in health as well as in sickness, in mind as well as in body, must be made the topic of our observation in order to understand any one of his conditions thoroughly.

Naturally enough, the psychological branch being yet in its infancy, the methods by which it has been studied are by no means perfect. A tendency to iconoclasm is characteristic of modern investigation. Physicians, in studying the mind and its actions have, as a rule, insisted upon proceeding from its pathological to its physiological condition. They scrutinize the make of the vessel through the cracks and rifts in its sides. They judge of the machine by its action when out of order.

The uncertain and deceptive results of this course are conspicuous in the results attained.

We have no desire to underrate the opinions of alienists, nor to discourage those who think that by a close study of mental disorder and its connection with brain lesions we may in time arrive at a clear conception of mental physiology; but we do urge upon psychologists the obvious, yet neglected fact, that it is the mind in health they should study.

"Self-consciousness," the idol of the Cousin School of Philosophers, is rejected with unceasing contempt by Dr. MAUDSLEY and his followers. Yet the study of the action of the mind

—we mean pure metaphysics—cannot, with any propriety, be dismissed by psychologists. The ancient schools of metaphysics are indeed as far from the correct method as the schools of alchemy. But in connection with the physiological study of the senses, a new epoch in this neglected branch must arise.

The laws of optics and the principles of acoustics are independent of the anatomy of the eye and the ear, nor can they possibly be derived from a one-sided study of those organs. So the laws of thought are not to be found in the phenomena of the insane asylum. Side-lights in number are thrown by this study, but the philosophic psychologist will not seek that field for his principle observations.

Notes and Comments.

Minnequa Springs.

The season is near at hand when physicians frequently recommend patients to visit some of the various health resorts as an adjunct in the treatment. This is often done to the very great advantage of the patient. In our own State we have a number of excellent and well known resorts, where the advantages of mineral waters and mountain air can be taken advantage of without going a great distance from home.

Minnequa Springs, in Bradford county, not far from Williamsport, have attracted a great deal of attention of late. The peculiarities of the waters are the large amount of carbonic acid gas they contain, and their close resemblance to the celebrated Vichy waters of France, as shown by a chemical analysis of the waters of the two springs.

An account of the Minnequa Springs was published in THE REPORTER of July 9, 1870.

Anæsthesia in 1836.

Dr. SAMUEL WOOLSTON, an aged physician of New Jersey, writes us that he knows that ether with morphia dissolved in it was used in 1836 to destroy pain in surgical operations. He does not, however, say whether by inhalation or local application. He refers to the files of the *National Intelligencer*, of June, 1836, for an advertisement for extracting teeth without pain "by the administration of ether." Will some reader having access to a file of the *Intelligencer* do us the favor to furnish us with a copy of the advertisement, and any editorial reference to it?

Weight of Brain in Different Races.

An elaborate paper was read, not very long ago, before the Royal Society of England, in which the

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existing evidence as to the weight of brain among different nations was analyzed. The average brain weight for the English is stated to be 47.50 ounces; for the French, 44.58; for the Germans, 42.83; but there are discrepancies in the results of different observers, some giving a greater average than this to the Germans. The Italians, Lapps, Swedes, Frisians and Dutch come into the category with the English. Among the Asiatic races, the Vedas of Ceylon and the Hindoos give a mean of over 42.11 ounces. The skulls of Mussulmans afford a slightly increased average of brain weight over those of the Hindoos. Two skulls of male Khonds—one of the unquestioned aboriginal races of India—show a brain weight of only 37.87 ounces. The general average of the Asiatic table shows a diminution of more than two ounces when compared with Europeans. The general mean of African races is less than that of European races, although there are great differences; the Caffre rising high, and the Bushman sinking low in the scale. The average of the whole of the aboriginal American races reaches 44.73 ounces, which is 2.14 ounces less than that of the European races. The Australian races show a brain weight one-ninth less than that of the general average of Europeans. The Malays and others of the Oceanic races, who migrated boldly, for commercial purposes, over the North and South Pacific Ocean, and occupy the islands, show a tolerably high average of brain weight; and, on arriving at this section, we return in some measure to the large brain weight of Europeans.

Poisoning by a Hair Restorer.

The King of Sweden, it is reported, has recently been suffering under a dangerous illness, caused by the use of a certain "hair restorer," which, according to the chemical analysis of the royal physician, contained a large proportion of oxide of lead—a salt most injurious to the human system. In consequence of these supposed dangerous effects, a sanitary commission has been organized by the King to sit at Stockholm and pass judgment upon the cosmetic.

Effect of Epilepsy on the Mind.

At the regular monthly meeting of the Medical Society, held at the College of Physicians and Surgeons, New York, May 12th, MEREDITH CLYMER, M. D., read a paper upon "The Legitimate Influence of Epilepsy upon Criminal Responsibility." The lecturer remarked that epilepsy tended to affect the intellect, despite the exceptional instances of great genius, allied with the disease, in the cases of Julius Caesar, Mohammed and Napoleon Bonaparte. If there have been epileptics who

have, during a long career, retained their superior intelligence, the instances are too unfrequent to invalidate the general law.

Correspondence.

Conservative Surgery in Fractures.

EDS. MED. AND SURG. REPORTER :

I send you a case of compound comminuted fracture of the tibia and a compound fracture of the fibula, successfully treated on the conservative principle.

Mr. Charlie S., Irish, *et. 48*; stout, robust, healthy man; occupation, section boss on the Miss. and Tenn. railroad: The hand car with eight men and about eight hundred pounds of tools and nails, running rapidly down grade near Memphis, Tenn., ran over his right fore leg, November 1, 1870; I saw him one hour after the accident; did not examine the leg on account of the expectation of three more physicians from Memphis. He was suffering intensely, and I assumed the responsibility of administering a half grain morphia. The gentlemen arrived about three hours after the accident. We proceeded to chloroform him and make a thorough examination. To our surprise we found a transverse fracture of the tibia in its upper third, an oblique fracture in its middle and a compound comminuted fracture of the tibia and fibula, in their lower third, just above the malleoli. The first impression was to amputate, but after due reflection we determined to be more conservative, therefore applied a simple dressing of splints and bandages (for the want of something better), with cold irrigation, morphia internally to relieve pain; good, light diet, with a little brandy. This dressing was to have been removed the next day and a counter-extension fracture box substituted. I was necessarily compelled to be absent a few days, therefore saw no more of him until 5th of November. I found him suffering intensely, also the first dressing still on his leg, and learned from him, that it had not been removed. My associates soon came, and we undressed the leg for the first time. I found it in a very unfavorable condition of the broken and contused parts, as well as a sloughing condition of the heel, from pressure by the splint. Everything suggested amputation as the only chance of recovery. My advice was to put on a starch bandage and try nature again. We did so, and our patient expressed himself as feeling much better, and thought he was able to walk. Doors were cut in the bandage for the escape of pus and cleansing the parts. The other physicians having been relieved, I was requested to take charge of the case. I saw him Nov. 6th, suffering very much; had a chill during the

night; very restless; ordered quinine., 20 gr., to be taken in four doses, beef tea and brandy, morphine to relieve pain, and cold water dressing to limb.

Nov. 7. No more chills, but sinking and restless; removed bandage, and found the entire tibial integument, with superficial tissues, had sloughed, and about one-third of the skin underneath the leg. All the fractures assumed a compound character, in fact, the fore leg was perfectly raw. I washed it well with warm water and soap; put it in a counter-extension fracture box, and applied a lotion of carbolic acid; morphine if necessary.

Nov. 8. Countenance better; wound looks more healthy; bowels acted for first time; cauterized the unhealthy parts with carbolic acid, and continued treatment.

Nov. 9. Better appearance; continue treatment.

Nov. 10. Improving; extracted three spiculae of bone from the lower wound. I pricked the skin over the belly of the gastrocnemius and allowed the escape of about fifty worms; patient swore he was mortifying and insisted on amputation. I washed the parts well with strong carbolic acid.

Nov. 11. Still improving; continued same treatment.

Nov. 12. Upper fracture nearly healed; middle, same, lower improving rapidly.

The fracture and wounds continued to improve, and by the first December the upper and lower were united, while the middle had made but little progress.

Dec. 25th. Wounds healed; patient on crutches and went to Memphis; middle fracture uniting slowly, and I applied another starch bandage.

Feb. 1, 1871. Removed starch bandage; extracted aspiculae of bone $2\frac{1}{2}$ inches in length from middle fracture; nearly united.

April 1st. Have thrown away one crutch; fracture united.

April 15. Walks without crutch, but uses stick. He continues to use the lotion of carb. acid; says it prevents itching and swelling. Discharged.

Remarks.—This leg had been broken twice previously, in the last five years. I can attribute the success only to the carbolic acid. Eight oz. crystallized were used. Why was it that the lower and upper fractures united so rapidly, and the middle so slowly? This case demonstrates plainly that a great many limbs could be saved if treated properly. The leg is exactly the same length and shape as the opposite.

If this communication proves of any value to any member of the profession, I will feel highly rewarded for my trouble. Very respectfully yours, etc.,

SAM. L. RAINES, M. D.

White Haven, Tenn., April 29, 1871.

Is Scarlatina Contagious?

EDS. MED. & SURG. REPORTER:

A short history of a few of the many similar evidences which have occurred under my observation, indicating the contagious nature of this disease. Indeed, very rarely have I known a child which had not *previously* had the disease to escape it in some one of its grades, after it had made its appearance in the family; so universal has this been the case, that I have advised preparation should be made to care for all other children, as they would probably have the disease in from eight to twelve days after development of the first case in the family.

Hon. J. D. L——s, of Fulton, N. Y., requested me to visit his son Orin, *et.* 14, on the 17th of January, 1868. Found him with symptoms of scarlatina anginosa; he had, on the 8th of January, visited his cousin sick with scarlatina; two of his sisters were attacked with the disease on the 26th, one *et.* 12, the other 8. On 28th his brother Frank, *et.* 10, and another sister, Mary, *et.* 5, were prostrated with scarlatina. The first, Orin, and two of the others had the fever in a grave form, and two the simplex. All finally recovered.

March 1, 1868.—Requested by I. N. S. (who had in his family four children *liable* from not having had scarlatina) to visit his daughter, *et.* 12, very large and fleshy. On my arrival, she appeared nearly comatose, or verging to that state, with the usual symptoms of scarlet fever. Had been attending school at the Female Seminary in our village. On the 9th of March, three, or all the other children, had active and unmistakable symptoms of the disease. One daughter, *et.* 10, one grandson 4 and another 2 years of age, the two elder girls having the disease in a very grave type, the two younger in a mild form. All recovered.

Mr. T. G., public contractor, the father of four living children, all at home, requested me to visit his daughter, having been six days sick with scarlet fever, in consultation with the attending physician, Dr. H. D. D., of Syracuse, an honorable and worthy member of the profession. On my arrival, August 25th, 1868, this daughter, *et.* 15 and a son 4, were sick with scarlatina. The son had the disease in a simple form; the daughter in a grave type, with complications which are not necessary here to specify. Before leaving, on the first visit, my opinion was asked as to the probabilities of an elder sister and brothers having the fever. I advised their rooms to be put in order for their reception; and the two to have a half diet, and that easy of digestion.

The sister, *et.* 18, was prostrated by the disease on the 27th of August; the brother, *et.* 20, on the 28th of August. All recovered, the daughter,

st. 16, after a somewhat tedious convalescence of several weeks. The other three were quite well again in three weeks.

Mrs. F. S., the mother of two children—a son and daughter, visited and took care of a neighbor's child, sick with scarlatina, on the 12th of February, 1868. On the 22d of February, 1868, visited her son and daughter, one 5 and the other 3 years of age, both sick with scarlatina, since yesterday. The daughter, *et.* 5, died in convulsions soon after I left; had convulsions before I was called, the same day. The boy recovered.

In the autumn of 1849 visited two sick children of A. B.—s; had not seen or heard of any cases of scarlet fever in the village for some time previous. The children were suffering with sore throats, chills, nausea, etc. Treatment with other things advised for their relief was ears of corn taken from boiling water, surrounded with napkins and placed to the sides, legs and feet of the children. At the visit the next day the children were covered with the scarlet efflorescence. They both recovered. Ten days after a child residing in a house adjoining had scarlet fever, and soon the disease was in various parts of the village.

The corn mentioned as having been placed around those children was thrown to the pigs in the pen, four in number, weighing at the time about sixty pounds each. About eight days after this the shoats were all taken sick: throats swelled so that it was with difficulty they swallowed the best prepared feed, their whole bodies became perfectly scarlet, the *edges* of their ears curled up like the leaves of corn in a drouth. Three of them died after being ill from one to three weeks, and one finally recovered. The hogs apparently suffered all the symptoms and effects usually caused by scarlatina in the human subject.

My opinion has, for the last twenty years, been that *scarlatina* was as certainly contagious as measles or mumps.

CHAS. G. BACON.

Fulton, N. Y. May 12, 1871.

News and Miscellany.

Scarlet Fever not Contagious, but Endemic.

The physicians of Providence, R. I., are in the habit of writing occasionally on medical subjects in the columns of their local papers. A correspondent of one of the papers having questioned the position of Dr. SNOW, health officer of the city, who is a non-contagionist, and cited a number of authorities in support of his own position, in favor of contagion, Dr. JOSEPH MAURAN, well known as one of

the foremost and most intelligent physicians of Providence—during more than half a century past—writes as follows to a friend in that city, under date New York, May 5, 1871. We copy from the *Providence Daily Journal*:

"I have read with astonishment in the *Providence Daily Journal* of the 4th inst. an article militating against Dr. SNOW's correct views on the question of the non contagiousness of scarlatina. (I esteem them correct from a professional experience of more than half a century.)

"I fortunately witnessed, in 1817, the first cases that ever developed of that disease, in the purely scarlet form, in our goodly city, then town of Providence. They were so adjudicated in consultation, by those highly eminent and venerable men of that day, Drs. Levi Wheaton, and William and Pardon Bowen. We previously had 'canker rash,' so called.

"It was then simultaneously developed, atmospherically, and was limited solely to the children of two large families, first cousins, extending to neither nurse, attendants, nor to other families, notwithstanding free intercourse. Through my professional experience from that day to the present period, I know but one well established law, applicable to that terrific disease. That is, that the disease is atmospheric, epidemic, and attacks, in certain conditions of the atmosphere, certain families of the same 'kith and kin,' the same blood. I could designate in illustration many like instances, but permit for the present one of the most prominent and marked, to suffice.

"About 1830 or '35, in the large private family of our late worthy Superintendent of the Dexter Asylum, Mr. Palmer, the disease, scarlatina, developed in a most malignant form, among his daughters and a son, all residing in the Institution. None others were affected. The son, *et.* 30, and upon whom devolved the duties of the farm, died.

"*Simultaneously*, in the family of a daughter residing at the extreme end of North Main street, beyond the old Amey Gray tavern, with whom no special intercourse had been had for weeks, all were attacked with the disease. About the same week, letters were received from the family of a son residing in Newport, saying, 'our children are all down with scarlet fever.' Again, at the same time, the family of another son residing in Brooklyn New York, writes home that 'all the children are afflicted terribly with scarlet fever.' No communication, personal or otherwise, had been had with either of the families for weeks.

"I would ask, are not these cases conclusive that the disease is simply of atmospheric origin, and also confirmatory of the law already stated, that its development takes place under certain conditions of the atmosphere, and in certain families only of kith and kin? If not, more anon."

Sentence of an Abortionist.

Abortionists have reason to fear falling into "the hands of justice," with such judges as Judge BEDFORD, of New York, on the bench. In the recent case of Lookup Evans, a notorious abortionist, Judge Bedford pronounced sentence as follows:

Evans, considering the overwhelming evidence against you, and the willful perjury you committed when in the witness box [applause], I must express my great astonishment that 12 intelligent men should remain out all night to decide on your case. I was determined to keep them together until they agreed one way or the other. The jury having found the facts against you, they were bound to take the law from the Court. From my official experience of 8 years in this court-room, I believe you to be the most consummate villain ever convicted in any court of justice. You are a professional abortionist. You have lived, thrived, and prospered in your criminal career, and have accumulated, by reason of your dark undertakings, an immense fortune. Let your conviction be a stern lesson to the many professional abortionists of this city, for on conviction they will all learn that neither their ill-gotten wealth nor their alleged great influence will be of any avail when tried in this court-room. The same penalty now about to be meted out to you will unquestionably be meted out to every other convicted professional abortionist of this city. The sentence of the Court is that you be confined in the State Prison for the term of three years and six months, the full penalty allowed by the law. [Applause.]

Incompatibility of Digitalis with Sulphate of Quinine.

A physician having ordered a mixture containing the syrup of digitalis of the French Codex and acid sulphate of quinine, observed a precipitate at the bottom of the bottle. Supposing that some mistake had been made, he took it back to the apothecary, when it was found that the ingredients were incompatible with one another, the tannin in the digitalis combining with the quinine and forming an insoluble tannate.—*Journal de Pharmacie et de Chimie.*

Effect of Chloral.

Mr. STODART, of Bristol, has recently examined the stomach, lung, heart, kidney, and spleen of a patient who died from an overdose of chloral hydrate. "The first thing," he says, "that struck me was the very extraordinary way in which the several portions were preserved. Even now, although more than a week has elapsed since death, yet not the slightest sign of decomposition has taken place, nor any unpleasant odor. This doubtless is the effect of chloroform in the tissues."

—Dr. GEORGE ELDERMULLER, a prominent physician of San Francisco, died May 14th from injuries received by being thrown from a carriage two weeks since.

—Dartmouth College has been presented with \$10,000 by E. W. Stoughton, Esq., of New York, to found a museum of Pathological Anatomy in the Medical Department.

—The Princess DORA D' ISTRIA reads and speaks fifteen languages, has written numerous works, and is a member of ten learned societies.

OBITUARY.

PROFESSOR OPPOLZER.

Professor JOHN OPPOLZER, the most famous surgeon of Vienna, died April 16th. He was born at Gratz, in Bohemia, in 1808. In 1838, after completing his medical studies in the University of Prague, he entered on private practice in the town with extraordinary success. In 1841 he was appointed principal physician to the Prague Hospital. After acting for some time, at the request of the King of Saxony, as Director of the hospital at Leipzig, he accepted the professorship in the University of Vienna, which he retained till his death.

MARRIED.

FORD—RAMSDELL—May 4, 1871, by the Rev. Mr. Dickinson, Mr. Frank L. Ford, of Claymont, Del., and Miss Justine Adele, daughter of Dr. George Ramsdell, of Chester township, Pa.

PAXSON—RODMAN—In this city, on the 16th inst., at St. Stephen's church, by the Rev. Dr. Rudder, William Paxson, of New York, and Elizabeth M., daughter of Lewis Rodman, M. D., of this city.

PRICE—TEW—In Cincinnati, May 11th, at the residence of George W. Tew, Esq., by the Rev. R. Irvin, Dr. S. Clark Price, and Miss Clara A. Tew, all of Kansas city.

SHAW—TRIMBLE—May 16th, by Rev. Dr. Stearns, John Shaw, of England, and Helen Kent, daughter of Dr. J. P. Trimble, of Newark, N. J.

VALENTINE—TOWNSEND—May 11, at Church of St. John Baptist, by Rev. C. R. Duffie, D. D., assisted by Rev. S. H. Tyng, D. D., George F. Valentine, of New York, and Julia M., daughter of James C. Townsend, M. D., of Glen Cove, L. I.

WHITESIDE—HEDRICK—At the residence of the bride's parents, in Cincinnati, by H. A. Nelson, D. D., on the 16th inst., Dr. M. L. Whiteside, of Illinois, and Carrie S. Hedrick.

WINNIE—GUNN—In New York, May 18, 1871, by Rev. Thomas S. Hastings, D. D., assisted by Rev. Dr. Rankin, Rev. C. Willard Winnie and S. Isabella Gunn, daughter of the late George O. Gunn, M. D., all of New York.

ZARTMAN—ARNOLD—On April 28th, at the residence of the bride's father, by the Rev. Mr. Bryant, D. D. Zartman, M. D., and Miss Mollie F. Arnold, both of Burlington, Ind.

DIED.

BAKER—In this city, on the 16th inst., after a lingering illness, Annie C., wife of Dr. Charles S. Baker.

BARTLETT—At Minot, Maine, April 25, Frederick Bartlett, M. D., at the advanced age of 85 years, born at Plymouth, Mass., Nov. 11, 1786. He was beloved as a physician and Christian gentleman, and admired as a polished and elegant scholar. Four of his intimate friends, all exceeding 80 years of age, were pall-bearers to his grave.

BIGELOW—At Mt. Gilead, Ohio, May 4th, Mrs. Polly Bigelow, widow of Dr. Israel Bigelow, aged 74 years.

DUDLEY—Near Paxton, Ill., May 7th, 1871, Dr. George W. Dudley, Second Assistant, Iowa Insane Asylum, Mt. Pleasant, Iowa, in the 30th year of his age.

OWEN—At Louisville, Ky., May 3d, John David Owen, youngest son of the late Dr. J. H. and Martha Owen, in his 26th year.

FINLEY—In Cadiz, Ohio, March 27th, Maggie A., wife of John Hanna, and daughter of the late Robert Finley, M. D., in the 35th year of her age.

WATSON—In Newport, R. I., May 17th, Dr. Daniel Watson.